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PTO/SB/05 (11-00)  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No. 328/US	
	First Inventor Vianello	
	Title	New Benzoxazines Derivatives Useful As Integrin Receptor Antagoni
	Express Mail Label No.	EK343830961US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 87] (preferred arrangement set forth below)		a. <input type="checkbox"/> Computer Readable Form (CRF)	
- Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper	
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]		c. <input type="checkbox"/> Statements verifying identity of above copies	
5. Oath or Declaration [Total Pages] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		<b>ACCOMPANYING APPLICATION PARTS</b>	
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:		11. <input type="checkbox"/> English Translation Document (if applicable)	
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: / Prior application information: Examiner Group / Art Unit		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
For CONTINUING OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		13. <input type="checkbox"/> Preliminary Amendment	
<b>19. CORRESPONDENCE ADDRESS</b>			
<input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)			
Name	Rachel A. Polster		
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Name (Print/Type)	Rachel A. Polster	Registration No. (Attorney/Agent)	47,004
Signature	<i>Rachel A. Polster</i>	Date	August 8, 2001

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JC978 U.S. PTO  
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08/08/01

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

## Complete if Known

Application Number  
Filing Date August 8, 2001  
First Named Inventor Vianello  
Examiner Name  
Group Art Unit  
Attorney Docket No. 328/US

TOTAL AMOUNT OF PAYMENT \$1,291.00

### METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 19-1025  
Deposit Account Name

- ☐ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17  
☐ Applicant claims small entity status. See 37 CFR § 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	710	201	355	Utility filing fee	710.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)					\$710.00

#### 2. EXTRA CLAIM FEES

	Extra Claims			Fee from below	Fee Paid
Total Claims	18	-20** = 0	X		0.00
Independent Claims	3	-3** = 0	X		0.00
Multiple Dependent					

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim, if not paid	
109	80	209	40	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					\$0.00

\*\*or number previously paid, if greater, For Reissues, see above

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non - English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR § 1.17(q)	
126	180	126	180	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	581.00
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify)					
SUBTOTAL (3)					\$581.00

\*Reduced by Basic Filing Fee Paid

### SUBMITTED BY

Name (Print/Type) Rachel A. Polster  
Signature Rachel A. Polster  
Registration No. (Attorney/Agent) 47,004  
Telephone 636-737-5761  
Date August 8, 2001

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**CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)**Applicant(s): **Vianello, Bandiera, Varasi et al.**

Docket No.

**328/US**

Serial No.

Filing Date  
**August 8, 2001**

Examiner

Group Art Unit

Invention: **NEW BENZOXAZINES DERIVATIVES USEFUL AS INTEGRIN RECEPTOR ANTAGONISTS**I hereby certify that this **Declaration***(Identify type of correspondence)*

is being deposited with the United States Postal Service as first class mail in an envelope addressed to: The

Assistant Commissioner for Patents, Washington, D.C. 20231 on **August 8, 2001***(Date)***Rachel A. Polster***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***Note: Each paper must have its own certificate of mailing.**